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Samuel A. Kassatly

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DATE: 11/17/2005	FROM: Samuel A. Kassatly
TO: Examiner Belix M. Ortiz	TELEPHONE NO.: (408) 323-5111
U.S. Patent and Trademark Office	FACSIMILE NO.: (408) 521-0111
Group Art Unit: 2175	ATTY DOCKET NO.: YOR920010756US1
FACSIMILE NO.: 571-273-8300	SUBJECT: Amendment B

Title: "System and Method of Linking Dissimilar Databases Using Pointers"

Applicant(s): Tejaswini Hosali, et al.

Attorney Docket No.: YOR920010756US1

Serial No.: 10/091,761

Filing Date: 03/06/2002

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE 12

**THANK YOU FOR FORWARDING THIS DOCUMENT TO EXAMINER Belix M. Ortiz**  
**AS SOON AS POSSIBLE.**

Respectfully submitted,



Samuel A. Kassatly  
Reg. No. 32,247  
Date: 11/17/2005

Enclosure: Amendment B

**CERTIFICATE OF FAXING**

I hereby certify that this correspondence is being faxed to the U.S. Patent and Trademark Office,  
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Samuel A. Kassatly

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/091,761	
	Filing Date	03/06/2002	
	First Named Inventor	Tejaswini Hosali, et al.	
	Art Unit	2175	
	Examiner Name	Belix M. Ortiz	
Total Number of Pages in This Submission	12	Attorney Docket Number	YOR920010756US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Facsimile cover page 2) Certificate of Transmission
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Samuel A. Kassatly, Law Office		
Signature			
Printed name	Samuel A. Kassatly		
Date	11/17/2005	Reg. No.	32247

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Samuel A. Kassatly	Date	11/17/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 100**Complete if Known**

Application Number	10/091,761
Filing Date	03/06/2002
First Named Inventor	Tejaswini Hosali, et al.
Examiner Name	Belix M. Ortiz
Art Unit	2175
Attorney Docket No.	YOR920010756US1

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0510 Deposit Account Name: International Business Machines

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
22	- 20 or HP = 2	x 50 =	100

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 200 =	0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
360		0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)
0
0

**SUBMITTED BY**

Signature

Registration No. 32247  
(Attorney/Agent)

Telephone 408-323-5111

Name (Print/Type)

Samuel A. Kassatly

Date 11/17/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**RECEIVED  
CENTRAL FAX CENTER****NOV 17 2005****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Title:** "System and Method of Linking Dissimilar Databases Using Pointers"**Applicants:** Tejaswini Hosali, et al.**Attorney Docket No.:** YOR920010756US1**Serial No.:** 10/091,761**Examiner:** Belix M. Ortiz**Filed:** 03/06/2002**Art Unit:** 2175

Mail Stop: Amendment  
Commissioner for Patents  
P.O.Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT B**

Sir:

In response to the Office action of **September 20, 2005**, please amend  
the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which  
begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

11/21/2005 MBINAS 00000011 500510 10091761  
01 FC:1202 100.00 DA

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